

General

Title

Oncology: percentage of patients aged 18 through 80 years with American Joint Committee on Cancer (AJCC) Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.

Source(s)

eCQI Resource Center. Colon cancer: chemotherapy for AJCC Stage III colon cancer patients. [internet]. Washington (DC): U.S. Department of Health and Human Services; 2017 May 5 [5].

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 18 through 80 years with American Joint Committee on Cancer (AJCC) Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.

Rationale

The receipt of adjuvant chemotherapy in American Joint Committee on Cancer (AJCC) Stage III colon cancer patients following primary surgical treatment is associated with a significant survival benefit.

Clinical Recommendation Statement

For patients with Stage III disease, the panel recommends 6 months of adjuvant chemotherapy after

primary surgical treatment. The treatment options are: FOLFOX or CapeOx; FLOX; or single-agent capecitabine or 5-fluorouracil (FU)/leucovorin (LV) in patients for whom oxaliplatin therapy is believed to be inappropriate (National Comprehensive Cancer Network [NCCN], 2015).

A shortage of LV recently existed in the United States. No specific data are available to guide management under these circumstances, and all proposed strategies are empiric. The panel recommends several possible options to help alleviate the problems associated with this shortage. One is the use of levoleucovorin, which is commonly used in Europe. A dose of 200 mg/m² of levoleucovorin is equivalent to 400 mg/m² of standard LV. Another option is for practices or institutions to use lower doses of LV for all doses in all patients, because the panel feels that lower doses are likely to be as efficacious as higher doses, based on several studies. Finally, if none of the above options is available, treatment without LV would be reasonable. For patients who tolerate this without grade II or higher toxicity, a modest increase in 5-FU dose (in the range of 10%) may be considered (NCCN, 2015).

Evidence for Rationale

eCQI Resource Center. Colon cancer: chemotherapy for AJCC Stage III colon cancer patients. [internet]. Washington (DC): U.S. Department of Health and Human Services; 2017 May 5 [5].

National Comprehensive Cancer Network (NCCN). Clinical practice guidelines in oncology: colon cancer. Version 3. Fort Washington (PA): National Comprehensive Cancer Network (NCCN); 2015.

Primary Health Components

Colon cancer; adjuvant chemotherapy

Denominator Description

All patients aged 18 through 80 years with American Joint Committee on Cancer (AJCC) Stage III colon cancer (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or who have previously received adjuvant chemotherapy within the 12-month reporting period (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

The American Medical Association (AMA)-convened Physician Consortium for Performance Improvement (PCPI) collaborated on a measure testing project in 2011 with American Society of Clinical Oncology (ASCO) and American Society for Radiation Oncology (ASTRO), to ensure *Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients* measure was reliable and evaluated for accuracy of the measure numerator and denominator case identification. The testing project was conducted utilizing chart data. Inter-rater reliability was tested. Five sites participated in the testing of the measures. Two sites were in urban settings, two sites were in suburban settings, and one had multiple practice sites in urban, rural and suburban settings. Site A was a hospital-based practice with 21 physicians. Site B was a physician-owned private practice with four physicians. Site C was a physician-owned private practice with 41 physicians. Site D was an academic practice with nine physicians. Site E was an academic practice with 14 physicians.

Reliability Testing

The purpose of reliability testing was to evaluate whether the measure definitions and specifications, as prepared by the PCPI, yield stable, consistent measures. Data abstracted from chart records were used to calculate inter-rater reliability for the measures.

Reliability Testing Results

Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

There were 160 observations from five sites used for the denominator analysis. The kappa statistic value was found to be non-calculable resulting from the inability to divide-by-zero in the statistic formula when only one response was used.

Of the 160 observations that were initially selected, 160 observations met the criteria for inclusion in the numerator analysis. The kappa statistic value was found to be non-calculable resulting from the inability to divide-by-zero in the statistic formula when only one response was used.

Reliability: N, % Agreement, Kappa (95% Confidence Interval)
Denominator: 160, 100.00%, Non-Calculable (Non-Calculable, Non-Calculable)*
Numerator: 160, 100.00%, Non-Calculable (Non-Calculable, Non-Calculable)*
Exceptions: Not applicable, Not applicable, Not applicable

This measure demonstrates perfect reliability, as shown in results from the above analysis.

*Cannot calculate kappa statistics when only one response (Yes/Yes) was used, as this causes a divide-by-zero error in the statistic formula.

Signal-to-Noise Reliability Testing

For this measure, the reliability at the minimum level of quality reporting events (10) was 0.82. The average number of quality reporting events for physicians included is 80.7. The reliability at the average number of quality reporting events was 0.97.

This measure has high reliability when evaluated at the minimum level of quality reporting events and high reliability at the average number of quality events.

Evidence for Extent of Measure Testing

American Medical Association-convened Physician Consortium for Performance Improvement® (PCPI®), American Society for Therapeutic Radiology and Oncology (ASTRO), American Society of Clinical Oncology (ASCO). Oncology performance measurement sets. Chicago (IL): American Medical Association (AMA); 2015 Sep. 36 p. [5 references]

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Ambulatory Procedure/Imaging Center

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age 18 through 80 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The 12-month reporting period (January 1 through December 31)

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All patients aged 18 through 80 years with American Joint Committee on Cancer (AJCC) Stage III colon cancer

Note:

Date of colon cancer diagnosis is defined as date of first pathologic diagnosis.
Refer to the original measure documentation for data criteria and associated value sets.

Exclusions

None

Exceptions

Documentation of medical reason(s) for not referring for or prescribing adjuvant chemotherapy (e.g., medical co-morbidities, diagnosis date more than 5 years prior to the current visit date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status, other medical reasons)

Documentation of patient reason(s) for not referring for or prescribing adjuvant chemotherapy (e.g., patient refusal, other patient reasons)

Documentation of system reason(s) for not referring for or prescribing adjuvant chemotherapy (e.g., patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy, other system reasons)

Note:

The denominator exception "Clinical Trial Participant" data element should be specific to colon cancer. Additional valid medical reason exceptions might include acute renal insufficiency, neutropenia, or leukopenia.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Patients who are referred for adjuvant chemotherapy, prescribed* adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period

Note: Refer to the original measure documentation for data criteria and associated value sets.

**Prescribed:* May include prescription ordered for the patient for adjuvant chemotherapy at one or more visits in the 12-month period OR patient already receiving adjuvant chemotherapy as documented in the current medication list.

Exclusions

None

Numerator Search Strategy

Fixed time period or point in time

Data Source

Electronic health/medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Colon cancer: chemotherapy for AJCC Stage III colon cancer patients.

Measure Collection Name

AMA/PCPI Oncology Performance Measurement Set

Submitter

PCPI Foundation - Clinical Specialty Collaboration

Developer

American Medical Association - Medical Specialty Society

American Society for Radiation Oncology - Medical Specialty Society

American Society of Clinical Oncology - Medical Specialty Society

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

Unspecified

Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2017 Mar 28

Core Quality Measures

Medical Oncology

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2017 May

Measure Maintenance

Annual

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: American Medical Association-convened Physician Consortium

for Performance Improvement® (PCPI®), American Society for Therapeutic Radiology and Oncology (ASTRO), American Society of Clinical Oncology (ASCO). Oncology performance measurement sets. Chicago (IL): American Medical Association (AMA); 2015 Sep. 36 p. [5 references]

Measure Availability

Source available from the [eCQI Resource Center Web site](#) . Additional information available from the [PCPI Web site](#) .

For more information, contact the PCPI at 330 N. Wabash Avenue Suite 39300, Chicago, IL 60611; Phone: 312-757-7274; E-mail: PCPImeasures@thepcpi.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on September 8, 2008. The information was verified by the measure developer on October 16, 2008.

This NQMC summary was edited by ECRI Institute on September 28, 2009.

This NQMC summary was retrofitted into the new template on June 7, 2011.

This NQMC summary was edited again by ECRI Institute on April 27, 2012.

This NQMC summary was updated by ECRI Institute on January 20, 2016. information was verified by the measure developer on February 10, 2016.

This NQMC summary was updated again by ECRI Institute on May 11, 2017. The information was not verified by the measure developer.

Copyright Statement

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

For more information, contact the PCPI at 330 N. Wabash Avenue Suite 39300, Chicago, IL 60611; Phone: 312-757-7274; E-mail: PCPImeasures@thepcpi.org.

Production

Source(s)

eCQI Resource Center. Colon cancer: chemotherapy for AJCC Stage III colon cancer patients. [internet]. Washington (DC): U.S. Department of Health and Human Services; 2017 May 5 [5].

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouse® (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.